

PTO/SB/22 (10-04)

Approved for use through 7/31/2006, OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 22197-00009-US		
Application Number	10/052,358-Conf. #3388	Filed January 23, 2002		
For PIPE COUPLINGS				
Art Unit	3679	Examiner A. M. Dunwoody		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$110.00	Small Entity Fee \$55.00	\$ 110.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$430.00	Small Entity Fee \$215.00	\$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$980.00	Small Entity Fee \$490.00	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1,530.00	Small Entity Fee \$765.00	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2,080.00	Small Entity Fee \$1,040.00	\$
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>22-0185</u>. I have enclosed a duplicate copy of this sheet.</p>				
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>46,750</u></p>				
 <u>Brian J. Hairston</u> Signature _____ Brian J. Hairston _____ Typed or printed name				
_____ November 29, 2004 _____ Date				
_____ (202) 331-7111 _____ Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of 1	forms are submitted.		

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PTO/SB/17 (11-04)
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **110.00**

Complete If Known

Application Number	10/052,358-Conf. #3388
Filing Date	January 23, 2002
First Named Inventor	Fatollah Youssefifar
Examiner Name	A. M. Dunwoody
Art Unit	3679
Attorney Docket No.	22197-00009-US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> None	
Deposit Account Number	22-0185	
Deposit Account Name	Connolly Bove Lodge & Hutz LLP	

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below
- Charge fee(s) indicated below, except for the filing fee
- Charge any additional fees(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
- Credit any overpayments

To the above-identified deposit account.

Other (please identify): _____

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
- 20 or HP = x =

HP= highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
+ 3 or HP = x =

HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Subtotal (2) \$ 0.00

3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
1-month extension of time	110	55	110.00
2-month extension of time	430	215	
3-month extension of time	960	490	
4-month extension of time	1,530	765	
5-month extension of time	2,080	1,040	
Information disclosure Stmt. Fee	180	180	
37 CFR 1.17(e) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			
Subtotal (3) \$ 0.00			110.00

FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	
Subtotal (1) \$ 0.00			

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	46,760	Telephone	(202) 331-7111
Name (Print/Type)	Brian J. Hairston	Date			November 29, 2004